

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

Applicant(s)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51					
2		1						52					
3		1	2					53					
4		2	1					54					
5		1	4					55					
6		4	1					56					
7		1	4	1				57					
8		4	1	1				58					
9	1							59					
10	1							60					
11		1						61					
12		1						62					
13		1						63					
14	1							64					
15		1						65					
16		1						66					
17								67					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3		↓		↓		↓						
TOTAL DEP.	13		↓		↓		↓						
TOTAL CLASMS	16												

BEST AVAILABLE COPY